

RECEIVED  
CENTRAL FAX CENTER

04/11/2006 16:31 FAX 603 624 9229

DAVIS &amp; BUJOLD, PLLC

APR 11 2006

001/009

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 9

Application Number	10/758,479	
Filing Date	January 15, 2004	
First Named Inventor	Gerhard GUMPOLTSBERGER	
Group Art Unit	3681	
Examiner Name	Tisha D. LEWIS	Fax: (571) 273-8300

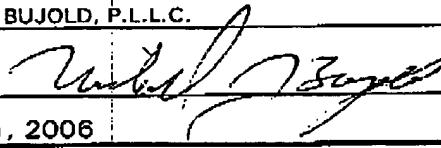
## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached  <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment including claims <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request (in Duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Part/s Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application)  <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/89) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Petition  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Additional Enclosure(s) (please identify below):
---	--	---

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
-------------------------	---	--

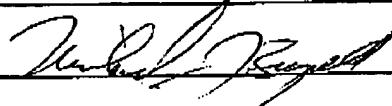
Signature	
-----------	---

Date	April 11, 2006
------	----------------

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on	April 11, 2006
--	----------------

Type or printed name	Michael J. BUJOLD
----------------------	-------------------

Signature		Date: April 11, 2006 (lfb)
-----------	--	----------------------------

BEST AVAILABLE COPY

APR 11 2006

4/11/06

## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Gerhard GUMPOLTSBERGER  
Serial no. : 10/758,479  
Filed : January 15, 2004  
For : MULTI-STAGE TRANSMISSION  
Group Art Unit : 3681  
Examiner : Tisha D. LEWIS  
Docket : ZAHFRI P596US

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

## RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the Notice of Non-Compliant Amendment (37 CFR 1.121) dated March 30, 2006, the Applicant appropriately corrects the non-compliant section to overcome the noted deficiencies, i.e., to include a complete listing of the all of the claims.

In the Claims:

Please amend claims 26-33, 36, 37, 39-50 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case. To be consistent with the page numbering of the prior response, please note that the accompanying claim pages are number as pages 4-9.

BEST AVAILABLE COPY